

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>4107</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James M Blanchard</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3874 Hall Avenue</u> City <u>Des Moines</u> State <u>Iowa</u> ZIP Code + 4 <u>50317</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 390</u> Labor Organization File Number <u>028813</u> P.O. Box, Building and Room Number, if any _____ Street <u>12365 West Dixie Highway</u> City <u>North Miami</u> State <u>Florida</u> ZIP Code + 4 <u>33161</u>
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or income. <div style="border: 1px solid black; height: 60px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

7/21/05

Telephone Number

202)439-3196

Name of Person Filing <u>James M Blanchard</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Sugarmen &amp; Susskind</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 750</u></p> <p>Street <u>2801 Ponce De Leon Boulevard</u></p> <p>City <u>Coral Gables</u></p> <p>State <u>Florida</u> ZIP Code + 4 <u>33134</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Meal</u></p> <p>11.b. Approximate dollar value of such dealing. <u>50</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Sugarmen &amp; Susskind</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 750</u></p> <p>Street <u>2801 Ponce De Leon Boulevard</u></p> <p>City <u>Coral Gables</u></p> <p>State <u>Florida</u> ZIP Code + 4 <u>33134</u></p>	<p>14.a. Nature of payment.</p> <p><u>Meal</u></p> <p>14.b. Amount of payment. <u>50</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	

## SUGARMAN &amp; SUSSKIND

PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAWRobert A. Sugarman  
Howard S. Susskind  
David E. Robinson  
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July 7, 2005

PERSONAL AND CONFIDENTIALMike Scott, President  
Teamsters Local Union No. 769  
8350 N.W. 7<sup>th</sup> Avenue,  
Miami, Florida 33150

Re: LM-30

Dear Mike:

I have reviewed this firm's records for the calendar year 2004 to determine whether this firm provided you anything of value that may have to be reported on your LM-30 form. Our records reveal the following:

December 8, 2204 Dinner at Joe's, Miami Beach, Florida

Value  
\$50.00

Present: Jim Blanchard and spouse, Eduardo Valero, Joe Lopez.

It is our opinion that the above noted represents a reportable transaction for each employee or officer of the Union on his/her LM-30, Part B form. Please distribute this letter to each person named above in order that they may properly report this transaction. Please note that clerical employees are not required to report, and need not receive, therefore, a copy of this letter. Spouses and children should be included in the reporting. To the extent that this firm is required to disclose payments or other things of value on an LM-10 form, the above information would be subject to disclosure.

Thank you for your prompt attention to this matter.

Sincerely,



HOWARD S. SUSSKIND

HSS/mc